08968

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MC HENRY
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HUBERT (Middle) (Last) BOWMAN
4. DATE OF DEATH: (Month) AUGUST (Day) 13, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWED	6/20/1899	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MARINE DEALER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND, Garrett Co.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: BOWMAN, VERNER O.
14. MOTHER'S MAIDEN NAME: MACE, JANIE R.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr. Charles Bowman, Mc Henry, Md. - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Probable Coronary Occlusion & Shock	20 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Appendix	6 days
550.0	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post Operative Appendectomy 6 days

19a. DATE OF OPERATION: 8-7-52
19b. MAJOR FINDINGS OF OPERATION: Acute Appendix
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6, 19 52, to 8-13, 19 52, that I last saw the deceased alive on 8-13, 19 52, and that death occurred at 8:50 A. m., from the causes and on the date stated above.

SIGNATURE: John H. Frantz Jr. (Degree or title) M.D. ADDRESS 58 2nd St. Oakland, Md. DATE SIGNED 8-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/16/1952
NAME OF CEMETERY OR CREMATORY: Flatwood Cemetery
LOCATION (City, town, or county) (State): Near McHenry, Md.

DATE RECD BY LOCAL REG. 8/16/52
REGISTRAR'S SIGNATURE: Julia A Moyan L.R
24. FUNERAL DIRECTOR: Emroy D Bolden
ADDRESS: Oakland, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND — LENGTH OF STAY (in this place) 29 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND
STREET ADDRESS (If rural, give location) ROUTE #1

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) HENRY (Last) CAMPBELL

4. DATE OF DEATH: (Month) AUGUST (Day) 16 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 30, 1898

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAIL CARRIER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CAMPBELL, BEN

14. MOTHER'S MAIDEN NAME: PHILLIPPS, ALBERTA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-05-0039

17. INFORMANT AND ADDRESS: MRS. MARIE CAMPBELL, ROUTE #1, OAKLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart Disease — Interval Between Onset and Death: 2 years

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 16, 1949, to Aug. 16, 1952, that I last saw the deceased alive on 15 Aug, 1952, and that death occurred at 3:20 a.m., from the causes and on the date stated above.

SIGNATURE: A.E. Mance — (Degree or title) MD — ADDRESS Oakland — DATE SIGNED 16 Aug 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/19/1952 — NAME OF CEMETERY OR CREMATORY: Oakland Cemetery — LOCATION (City, town, or county) (State): Oakland, Md.

DATE RECD BY LOCAL REG. 8/19/52 — REGISTRAR'S SIGNATURE: Julia A. Lozier L.R. — 24. FUNERAL DIRECTOR: Emroy D. Boldan — ADDRESS: Oakland, Md.

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BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

08532

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA — COUNTY GRANT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BAYARD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) T. (Last) COSNER

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: NOV. 13, 1940

9. AGE last birthday: 11 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: COSNER, CARL W.

14. MOTHER'S MAIDEN NAME: PARKER, LOTTIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Carl Cosner, Bayard, W.Va. - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple skull fractures & brain lac. — 17 hrs

823.8 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/16/52 — 19b. MAJOR FINDINGS OF OPERATION: Ext. W.S. brain laceration & contusions

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway near — (CITY OR TOWN) Bayard — (COUNTY) Grant — (STATE) W Va

TIME OF INJURY (Month) (Day) (Year) (Hour): 8-16-52 2:00 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Automobile turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: L. J. Baumgartner — (Degree or title) M D — ADDRESS: Oakland Md — DATE SIGNED: 8/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 20, 52 — NAME OF CEMETERY OR CREMATORY: Bayard — LOCATION (City, town, or county) (State): Bayard, Grant Co. W. Va.

DATE REC'D BY LOCAL REG. 8/20/52 — REGISTRAR'S SIGNATURE: Julia A. Rowan Local

24. FUNERAL DIRECTOR — ADDRESS: Rogers Funeral Home, Keyser, W.Va.

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BUREAU V. S.

08533

161

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Keyser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Nr. Friendsville, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Aaron (Middle) Laven (Last) Garlitz
4. DATE OF DEATH (Month) 8 (Day) 4 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-13-1884
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel laborer
10b. KIND OF BUSINESS OR INDUSTRY Steel Mill
11. BIRTHPLACE (State or foreign country) Pittsburgh, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 232-07-9258
17. INFORMANT AND ADDRESS Charles Frazee, Nr. Friendsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomas Prostate. — INTERVAL BETWEEN ONSET AND DEATH: Not known

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 21, 1952, to Aug 4, 1952, that I last saw the deceased alive on Aug 4, 1952, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE L. J. Baumgartner (Degree or title) M.D. ADDRESS Oakland Md DATE SIGNED 8/5/52

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 8-7-'52
NAME OF CEMETERY OR CREMATORY Steel Cemetery
LOCATION (City, town, or county) Friendsville, Md (State)

DATE REC'D BY LOCAL REG. 8-7-'52
REGISTRAR'S SIGNATURE Kathryn Fike.
24. FUNERAL DIRECTOR Emroy D. Bolden, Oakland, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08534

CERTIFICATE OF DEATH

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
LENGTH OF STAY (in this place) 6 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D.1. Grantsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Rebecca (Last) Hileman

4. DATE OF DEATH: (Month) 8 (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-18-1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Accident R.D Garett Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Washington Durst

14. MOTHER'S MAIDEN NAME: Isabelle Durst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Dorsey Hileman, R.D.1 Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

334 X

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset and Death: 6 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral Arteriosclerosis — 5 years.

DUE TO

(c) Hypertension. Chronic Arthritis of Ankle Joints, Wrists, Spine, Knees & Elbows — years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): No

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? No.

22. I hereby certify that I attended the deceased from June 1, 1945, to Aug 1, 1952, that I last saw the deceased alive on Aug 1, 1952, and that death occurred at 7.45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Edwin M. Price MD Confluence Pa Aug 4, 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 8.5-1952

NAME OF CEMETERY OR CREMATORY Accident Cemetary

LOCATION (City, town, or county) (State) Accident GarettCo.Md

DATE REC'D BY LOCAL REG. Aug-4/52

REGISTRAR'S SIGNATURE Esther Broadwater

24. FUNERAL DIRECTOR Wm Winterberg

ADDRESS Grantsville Md

RECEIVED
AUG 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

35

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 38 Near Altamont

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Deer Park
STREET ADDRESS (If rural, give location) Turkey Neck Road

3. NAME OF DECEASED (Type or Print): (First) DORSEY (Middle) EPHRUM (Last) KELLY
4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 19[illegible]
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: MARCH 18, 1889
9. AGE last birthday: 63 yrs. If under 1 year: Months 4 Days 21 If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): CORINTH, W.Va.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: JOHN WESLEY KELLY
14. MOTHER'S MAIDEN NAME: JENNIE HARDESTY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: MRS. FLOSSIE KELLY, RD. Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.4 **Immediate cause** (a) Severe Crushing Injuries Both Legs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Hemorrhage Shock

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Str. Route #38 | (CITY OR TOWN) Near Deer Park | (COUNTY) Garrett | (STATE) Md.
TIME OF INJURY (Month) Aug (Day) 9 (Year) 1952 (Hour) 11:30 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Struck by Car

22. *I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [✓], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [✓], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE [signature] (Degree or title) M D ADDRESS Oakland DATE SIGNED 8/11/52

23. BURIAL, CREMATION (Specify) BURIAL | DATE THEREOF AUG. 12, 1952 | NAME OF CEMETERY OR CREMATORY DEER PARK CEMETERY | LOCATION (City, town, or county) DEER PARK, MD. (State)

DATE RECD BY LOCAL REG. 8/12/52 | REGISTRAR'S SIGNATURE Julia L. Rowan

24. FUNERAL DIRECTOR UTHA F. SHARPLESS, ADDRESS BLAINE W.VA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 21 19
BU... V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eight St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Preston COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aroura
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) Maude (Last) Lantz
4. DATE OF DEATH (Month) Aug (Day) 31 (Year) 1952
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec 26 1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N
10b. KIND OF BUSINESS OR INDUSTRY N
11. BIRTHPLACE (State or foreign country) Deer Park Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Lafayette Stemple
14. MOTHER'S MAIDEN NAME Mary Speicher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. N
17. INFORMANT Celale Lantz son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
331X Immediate cause	(a) Hypostatic pneumonia	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	2 1/2 mos
	(c) Arteriosclerosis c Hypertension	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952 to Aug, 1952, that I last saw the deceased alive on 30 Aug 1952, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE A E Thance (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 31 Aug 52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 9/2/1952 NAME OF CEMETERY OR CREMATORY Aurora Cemetery LOCATION (City, town, or county) Aurour (State) WVA.

DATE REC'D BY LOCAL REG. 9/1/52 REGISTRAR'S SIGNATURE Julia A Rowan 24. FUNERAL DIRECTOR Wayne Spigle - Davis W Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

SEP 9
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND, MD.
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND, — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MC HENRY
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) (Last) LAVENGOOD
4. DATE OF DEATH (Month) 8 (Day) 1 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: 7/4/1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — woodsman
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? N.
13. FATHER'S NAME: JACOB LAVENGOOD
14. MOTHER'S MAIDEN NAME: LLER, SUSAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: E.A. LYNN GRANTSVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Heart Disease — 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Apr, 1952, to 1 Aug, 1952, that I last saw the deceased alive on 1 Aug 52, 19..., and that death occurred at 5.57 P m., from the causes and on the date stated above.

SIGNATURE: A.E. Mance — (Degree or title): MD — ADDRESS: Oakland Md — DATE SIGNED: 2 Aug. 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/4/52 — NAME OF CEMETERY OR CREMATORY: Grantsville Cemetery — LOCATION (City, town, or county): Grantsville — (State): Md

DATE REC'D BY LOCAL REG.: 8/3/52 — REGISTRAR'S SIGNATURE: Julius A. Rowan — 24. FUNERAL DIRECTOR: Wm Winterberg — ADDRESS: Grantsville

Local

RECEIVED
AUG 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 168

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Finzel
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D #2 Frostburg

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg RFD #2
STREET ADDRESS (If rural, give location) (Rural - Finzel)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) GRANT (Last) McKENZIE
4. DATE OF DEATH (Month) AUG. (Day) 29 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH August 1, 1952
9. AGE last birthday yrs. If under 1 year Months Days 28 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Myersdale, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Harley McKenzie
14. MOTHER'S MAIDEN NAME Mary Catherine Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Harley & Mary McKenzie R2 Frostburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-Pneumonia-Bilat. — 3 days?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? no Injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Thomas I. Lusby M.D. acting Med. Exam. ADDRESS Oakland, Md. DATE SIGNED 29 Aug 52

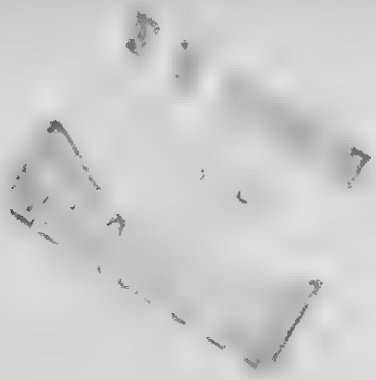
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-1 1952
NAME OF CEMETERY OR CREMATORY Trautsville Cemetery
LOCATION (City, town, or county) Trautsville (State) Md.
DATE REC'D BY LOCAL REG. Sept. 4-1952
REGISTRAR'S SIGNATURE Nos Julius Michael
24. FUNERAL DIRECTOR Jacob Hafer, Frostburg, Md. ADDRESS

4 V 82 148 118

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:
COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident Md
LENGTH OF STAY (in this place) 4 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) S (Last) Miller

4. DATE OF DEATH: (Month) 8 (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Singel

8. DATE OF BIRTH: May 7-1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper

10b. KIND OF BUSINESS OR INDUSTRY: In own home

11. BIRTHPLACE (State or foreign country): Accident R.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Melchoir Miller

14. MOTHER'S MAIDEN NAME: Barbara Everline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Lewis Harman Accident R.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

420.0 DUE TO

Antecedent cause(s) (b) Arteriosclerotic Heart Disease — 10 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1946, to Aug 11, 1952, that I last saw the deceased alive on Aug 11, 1952, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (DEGREE OR TITLE) MD ADDRESS Oakland Md DATE SIGNED 19 Aug 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 8-21-1952

NAME OF CEMETERY OR CREMATORY Zion Luthern

LOCATION (City, town, or county) (State) Accident Garett Co. Md

DATE REC'D BY LOCAL REG. Aug-20/52

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

1 = am

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

AUG 25 1
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riversville
STREET ADDRESS (If rural, give location) 31 Clayton ST.

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) VICTORIA (Last) PREWALL
4. DATE OF DEATH (Month) August (Day) 27 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-19-1895
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Riversville, W. Va
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. George Prewall, Fairmont, W. Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver with metastases

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH August '51?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis

19a. DATE OF OPERATION 5/16/52
19b. MAJOR FINDINGS OF OPERATION As noted above
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 May 52, 19....., to 18 Aug, 1952, that I last saw the deceased alive on 18 Aug, 1952, and that death occurred at 8:45 A. m., from the causes and on the date stated above.

SIGNATURE Thomas J. Lusby (Degree or title) M. D. ADDRESS Oakland, Md. DATE SIGNED 27 Aug 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/30/952
NAME OF CEMETERY OR CREMATORY Beverly Hill
LOCATION (City, town, or county) Morgantown, W. Va (State)

DATE REC'D BY LOCAL REG. 8/29/52
REGISTRAR'S SIGNATURE Julia S. Rowan
24. FUNERAL DIRECTOR Murray R. Bolden, Oakland, Md. ADDRESS

SEP 9
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Mt. Lake Park MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park Md
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Etta (Middle) Elizabeth (Last) Rexrode

4. DATE OF DEATH (Month) (Day) (Year) 8/11/1952 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12/18/1877

9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Near Deer Park, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Thomas Hardesty

14. MOTHER'S MAIDEN NAME Julia Ann Tasker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Wm. H. Friend, Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular Fibrillation

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH 3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to Aug 11, 1952, that I last saw the deceased alive on Aug 10, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Ralph Colandrella (Degree or title) M.D ADDRESS Kitzmiller, Md DATE SIGNED Aug 14-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/14/1952

NAME OF CEMETERY OR CREMATORY Deer Park Cemetery,

LOCATION (City, town, or county) (State) Deer Park, Md.

DATE REC'D BY LOCAL REG. 8/14/52

REGISTRAR'S SIGNATURE Julia J Bowen L.R.

24. FUNERAL DIRECTOR Emray D. Bolley ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1
BUREAU V. M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16 6

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETTCOUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural, give location) ROUTE # 2

3. NAME OF DECEASED (Type or Print) (First) EVELYN (Middle) VIRGINIA (Last) SHARPLESS

4. DATE OF DEATH (Month) AUGUST (Day) 24, (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 9/2/1912
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA (Emorysville)
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME MATTHEWS, JOHN
14. MOTHER'S MAIDEN NAME SWAUGER, ANNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-28-9511
17. INFORMANT AND ADDRESS Clarence Sharpless, Route # 2, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Starvation	1 week
MIX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Cervix a metastasis	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to Aug 24th, 1952, that I last saw the deceased alive on 8-24, 1952, and that death occurred at 9:35 P.m., from the causes and on the date stated above.

SIGNATURE James H. Sexton (Degree or title) Jr. M.D. ADDRESS 58 2nd St Oakland, Md DATE SIGNED 8-25-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8/27/52
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Oakland Maryland.

DATE REC'D BY LOCAL REG. 8/27/52
REGISTRAR'S SIGNATURE Julia A. Rowan Local
24. FUNERAL DIRECTOR Otha F. Sharpless ADDRESS Blaine. W.VA

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

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T

SEP 9
V. S.

08972

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Crellin, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) Life time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Wilbur (Last) Sliger.				4. DATE OF DEATH (Month) August (Day) 31 (Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH 9/1/1937	9. AGE last birthday 15 yrs.	If under 1 year Months / Days; If under 24 hrs Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Student		11. BIRTHPLACE (State or foreign country) Crellin, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wilbur Sliger,			14. MOTHER'S MAIDEN NAME Rebevva Paugh,		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None		17. INFORMANT AND ADDRESS Wilbur Sliger, Crellin, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation result of suicide by hanging

974X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Woods near (CITY OR TOWN) Crellin (COUNTY) Garrett (STATE) Md

TIME OF INJURY (Month) 8 (Day) 31 (Year) 52 (Hour) 11 am. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Hanged self c̄ under twine

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE E. J. Baumgartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 9/6/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9/7/1952	NAME OF CEMETERY OR CREMATORY Ashby Cemetery	LOCATION (City, town, or county) (State) Underwood, Md.
DATE REC'D BY LOCAL REG. 9/7/1952	REGISTRAR'S SIGNATURE Julia A Kanan Local	24. FUNERAL DIRECTOR Emory D. Bolden	ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115A

RECEIVED
SEP 16 1952
BUREAU V. S.